OSHPD

State of California Health and Welfare Agency

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

1600 Ninth Street, Room 420 • Sacramento, California 95814 Phone (916) 654-3362 • FAX (916) 654-2973
107 South Broadway, Room 7106 • Los Angeles, CA 90012 Phone (213) 897-0166 • FAX (213) 897-0168 (LA/Orange Co's only)

Plan Review Application under Annual Building Permit

A

Name of Facility:

Address - Street: Phone #:

City: County: Zip:

Title of Project (45 characters max.): Applicant Job #:

OFFICE USE ONLY
OSHPD #:

Sub Project #:

B

Scope of Project:

Type of Project:
☐ Remodel ☐ Repair

Type of Facility:
☐ Gen. Acute ☐ SNF / ICF
☐ Psych
☐ Correctional Treatment Center

Total Licensed Beds:
Before Construction_____ After Construction _____

Facility I.D. #:

☐ FR ☐ SR ☐ XR ☐ OR

DISTRIBUTION
☐ OSHPD _____
☐ Area Const. Advisor_____
☐ Applicant_____
☐ Project File_____
☐ L & C_____
☐

C

Plans and Specifications Prepared By:

Firm/Individual: Reg. #:

Address: City: State: Zip:

Phone #: FAX:

D

Contractor - Firm: State Lic. #: Lic. Class: Exp. Date:

Address: City: State: Zip:

Phone #: FAX: Contact Person:

Test and Inspections SheeT
☐ Attached
☐ Not Required
SPECIAL CONDITIONS
_____
_____
_____

E

LICENSED CONTRACTOR'S DECLARATION: I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor's Name:_____ Signature _____

F

WORKER'S COMPENSATION DECLARATION: I hereby affirm that I have a certificate of consent to self-insure, or a certification of Worker's Comp. Insurance, or a certified copy thereof (Section 3800, Labor Code).

Policy #: _____ Copy shall be attached. Date of expiration: _____

Company: _____

Current certified copy has been previously filed with OSHPD ☐ Yes ☐ No

OSHPD Receipt Stamp

G

ESTIMATED COSTS
FEE COMPUTATION (A minimum of $250.00 is required for all Annual Building Permits)

NOTE: Skilled Nursing Facilities (SNF) are 1.5% (.015) of estimated cost
Acute Care Hospitals (Hosp) fees are 1.64% (.0164) of estimated cost

1. Estimated construction cost of project (Excluding design fees, inspection fees, and off-site work ..... $ _____
2. Additional Fees Submitted (if applicable) ..... $ _____

PROJECT APPROVAL
Approval of this Project does not authorize or approve any omission or deviation from applicable regulations. Final approval of the work is subject to field inspection. One set of State agency reviewed plans submitted under this application shall be available on the project site at all times.

_____
Signed - OSHPD Date

THIS APPROVAL EXPIRES IF THE WORK AUTHORIZED IS NOT COMMENCED WITHIN ONE YEAR, OR IS SUSPENDED FOR ONE YEAR.

H

Name: Phone #:

Address: City: State: Zip:

I certify that I have read this application and state that the above information is correct, and that I am the owner or the duly authorized agent for the owner. I agree to comply with all applicable laws relating to building construction. I hereby authorize representatives of the State of California to enter the above mentioned facility for inspection purposes. If I should become subject to the Worker's Compensation provisions of the Labor Code, I will forthwith comply. In the event I do not comply with the Worker's Compensation law, this approval shall be deemed revoked. I shall also notify OSHPD at least 48 hours prior to the start of any work.

Signature:_____ Date: _____ ☐ Owner ☐ Agent for Owner

INSTRUCTIONS FOR
PLAN REVIEW APPLICATION UNDER ANNUAL BUILDING PERMIT
(OSH-FD-310)

Do not write in the shaded areas on this application, these are for Office Use Only.

A Enter name as it appears on the facility license. Enter street address, city, county, and zip code (five or nine digit zip code as applicable).

Title of project - enter a brief (45 keystrokes or less) descriptive statement of the work to be performed. Applicant job number - if the facility or architect has a numbering system for projects, enter that project number.

B Scope of Project - describe the work to be performed. Where appropriate include square footage and quantities. Enter total licensed bed count before construction and after construction.

C Provide the name of the architect, engineer or individual in responsible charge of the project, registration number, address, city, state, zip code, phone number and FAX number, if available.

D,E,F

Enter the contractor information if the contractor is known at the time of application. f not known at this time, the information must be provided to OSHPD once the contractor is selected. A separate copy of the application, or a copy of the approved application, with Sections C, D, and F completed is sufficient. If Sections D, E , or F of the Annual Building Permit/Application (OSH-FD-306) have previously been filed with OSHPD, Sections E and F of this application need not be completed. Section D, however, must be completed if a contractor is involved.

G The OSHPD Office will invoice the Plan Review Application Under Annual Building Permit. (See OSHPD-AD-367) The Annual Building Permit fee for acute care hospitals (hospitals) and skilled nursing facilities (SNFs) is $250.00 which will cover the first $25,000 of estimated construction cost or 1% of the first $25,000. Calculation of additional fees: for SNFs every additional $16,667.00 in construction cost (after the first $25,000) you will owe another $250.00 (1.5% x the additional estimated construction cost); for Hospitals every additional $15,243.00 in construction cost (after the first $25,000) you will owe another $250.00 (1.64% x the additional estimated construction cost).

Estimated Cost - enter estimated construction cost of project including fixed equipment. Exclude all design fees, inspection fees, off-site work.

H This application is to be signed by the legal owner or administrator of the facility, or their agent. When signed by the agent of the legal owner or administrator, the Letter of Authorization (OSH-FD-309) shall be attached to this application, if not previously filed with the Annual Building Permit/Application (OSH-FD-306).

The application will be returned by OSHPD as an attachment to the Annual Building Permit once the plans and specifications submitted under the application have been reviewed and accepted for construction by OSHPD. Application approval when granted will be noted on the bottom right hand corner of the application.